



LIVE-IN AIDE REQUEST VERIFICATION

Date: _____

Health Care Provider's Name

Address City St. Zip

Provider's Telephone

From: **Louisiana Housing Authority**
1690 North Blvd
Baton Rouge, LA 70802
(225) 763-8700 phone
(225) 342-8891 fax

Tenant's Name: _____

Tenant's Address: _____

INSTRUCTIONS: A qualified professional with one of the following credentials (MD, DO, LCPC, LCSW, LMSW, APRN-BC, NP) must complete this form.

The tenant named above has applied for, or is receiving federal rental assistance from the Louisiana Housing Authority, Louisiana Housing Authority. The tenant has requested our permission to have a "Live-in aide". The aide would live in the household member's unit for the sole purpose of providing supportive services. We must verify that the individual qualifies as a "disabled" person under federal law and requires the live-in-aide order to have an equal opportunity to use and enjoy the unit. We would appreciate your cooperation in answering the questions on this form and returning it to the above-mentioned office. The household member has consented to this release of information, as shown on the next page.

INFORMATION REQUESTED

1. Is the tenant disabled as defined on the next page?

Yes _____ No _____

The definition of a live-in aide is someone who resides in the unit to care for a family member who is disabled or at least 50 years of age, and who:

- Is determined to be essential to the care and well being of the person(s)
- Is not obligated for support of the person(s), and
- Who would not be living in the unit except to provide necessary supportive services

HOH: _____



2. In your professional opinion, does the tenant need the services of a live-in aide in order to live independently and have full enjoyment of the unit?

Yes_____ No_____

DEFINITION OF "DISABLED"

Under the federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction and alcoholism. This definition doesn't include any individual who is a drug addict and in currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use (24 CFR Part 8.3, and HUD Handbook 4350.3, (Exhibit 2-2).

Name and Title of Person Supplying Information (A **qualified professional with one of the following credentials (MD, DO, LCPC, LCSW, LMSW, APRN-BC, NP must complete this form):** :

Organization:_____

Signature:_____ Date: _____

HOUSEHOLD MEMBER RELEASE

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information this is no older than 12 months. There are circumstances, which require PHA to verify information that up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Tenant Signature: _____ Date: _____

PENALTIES FOR MISUSING THIS VERIFICATION FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA, and any owner (or any employee of HUD, the PHA, or the owner may be subject to penalties for unauthorized disclosure or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knows or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner Responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f)(g) and (h). Violations of these provisions are cited as Violations of 42 U.S.C. 408 (f), (g) and (h).

HOH:_____